

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 03/09/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/11/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	738	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	374	FURTHER PROCESSING NECESSARY,	9	1540	1742	202
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	144	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8534	52	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
		191	29	CLIENT ID NUMBER DOES NOT MATC	0	143	10461	10318
				H PATIENT NAME				
		8000	19	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404910	PATHWAYS	8505	169	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	74	FURTHER PROCESSING NECESSARY,	1	370	4264	3894
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	64	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8622	92	60 RESIDENTIAL LEVEL II TREATM				
	ENTAL HEALT			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8326	38	ATTENDING PROVIDER NUMBER WAS	0	194	3223	3029
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	35	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8505	3884	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8326	2529	ATTENDING PROVIDER NUMBER WAS	0	7757	7768	11
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	664	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404916	CROSSROADS BEHA	8505	5502	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8800	135	FURTHER PROCESSING NECESSARY,	0	5862	6031	169
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8537	95	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404917	CENTERPOINT HUM	8505	894	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	163	DETAIL NOT COVERED BY COMBINAT	7	1253	9490	8237
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	101	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3898	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	672	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5165	5247	82
		8508	447	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	11	475	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	56	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	628	1477	849
		10	55	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT ER	8505	16299	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	861	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	18019	19964	1945
		21	844	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8505	1217	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1103	CLAIM DENIED NO BUDGET FOUND	0	2573	2652	79
		8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	7181	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	947	CLAIM DENIED NO BUDGET FOUND	1	9160	9577	417
		8800	740	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	134	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	293	3652	3359
		23	54	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	60	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	465	2868	2403
		8518	50	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	474	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	172	DUPLICATE OF CLAIM-SYSTEM	4	982	5125	4143
		8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	247	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	580	2677	2097
		8800	53	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3856	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	253	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4351	5848	1497
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	261	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	234	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	0	1146	1837	691
		8599	198	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	34	5202	5168
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	EAST CAROLINA B EHAVIORAL H	8505	2934	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	388	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3436	3642	206
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
						CLAIMS	CLAIMS	

NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA	79	28	THIS SERVICE IS NOT PAYABLE TO				
	L HEALTH CE			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		11	27	CLIENT NOT ELIGIBLE ON SERVICE	0	151	3102	2951
				DATE				
		5404	24	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA	8000	30	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	10	DETAIL NOT COVERED BY COMBINAT	0	59	3870	3811
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	7	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404946	FOOTHILLS AREAM	8536	26	ATTENDING PROVIDER TYPE AND SP				
	ENTAL HEALT			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8508	6	CLAIM DENIED NO BUDGET FOUND	0	47	534	487
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				